

West Virginia

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State CARE Act Program Profile

CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$446,290	\$740,356	\$937,140	\$2,123,786
ADAP	(\$69,365)	(\$247,513)	(\$430,546)	(\$747,424)
Title III	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$94,289	\$77,000	\$100,000	\$271,289
Dental	\$0	\$224	\$0	\$224
Total	\$540,579	\$817,580	\$1,037,140	\$2,395,299

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

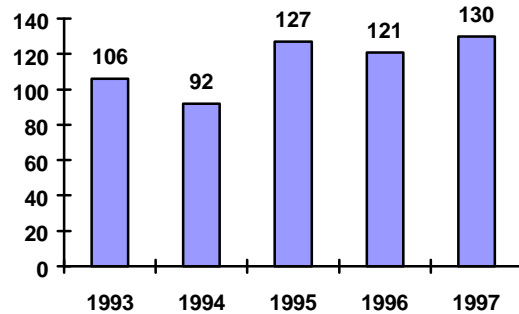
	1996	1997	1998
Title I	0	0	0
Title III	0	0	0
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	0	1	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: West Virginia (Pop. 1,815,787)

- ▶ Persons reported to be living with AIDS through 1997: 392
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 421
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated June 1989)
- ▶ State AIDS Cases (cumulative) since 1993: 576 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	86%	78%
Women (13 years and up):	14%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	77%	33%
African American:	22%	45%
Hispanic:	1%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	54%	35%
Injecting drug user (IDU):	18%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	8%	13%
Other, unknown or not reported:	14%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	127.2	194.5
Gonorrhea (1996)	40.3	124.0
Syphilis (1996)	0.4	4.3
TB (1997)	3.0	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** housing in rural areas; general public awareness/media attention; local support groups; and lack of trained providers
- ▶ **Emerging Needs:** access to medications; respite care; collaboration among service providers; and housing

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	150% FPL
Medically Needy	27% FPL

*Income eligibility for State's ADAP program is 250% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	Yes
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: West Virginia

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$446,290	\$740,356	\$937,140	\$2,123,786
ADAP (included in Title II grant)	(\$69,365)	(\$247,513)	(\$430,546)	(\$747,424)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$540,000/58%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$25,000)
ADAP/Treatments	(\$515,000)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$319,600/34%
Health Care*	(\$93,000)
ADAP/Treatment	(\$18,000)
Case Management	(\$99,100)
Support Services**	(\$109,500)
Administration, Planning and Evaluation (Total State/Consortia)	\$72,244/8%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
West Virginia HIV Care Consortium	Wheeling	Statewide	\$395,876

Accomplishments

Clients Served (duplicated count), FY 1996:	480
Men:	77%
Women:	23%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	81%
African American:	19%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

► Improved Patient Access

- The grantee reported a 120% increase in the number of clients accessing HIV/AIDS medications through ADAP in 1997, with 110 persons served compared to 50 the previous year. As of July 1998, enrollment had increased by more than 30% to 145 clients.
- Approximately 75% of ADAP clients are receiving combination antiretroviral treatment with protease inhibitors.
- Title II clients access primary health care and support services through case-managed, consortia-operated services and the insurance continuation program.

- The number of clients accessing primary health care, medication, and support services increased 41% between 1995 (340 clients) and 1996 (480). Over that same period, the number of new clients increased 133%, from 60 in 1995 to 140 in 1996.

► **Cost Savings**

- The ADAP has achieved cost-savings through several strategies, including: 1) administering the program through an interagency agreement with the State Medicaid program; 2) obtaining pharmacy discounts and voluntary manufacturers' rebates; and 3) implementing an electronic billing system in FY 1998 that has improved administrative and monitoring efficiency.

AIDS Drug Assistance Program (ADAP): West Virginia

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$189,465	\$330,000	\$515,000	\$1,034,465
State Funds	\$74,833	\$74,833	\$74,833	\$224,499
Total	\$264,298	\$404,833	\$589,833	\$1,258,964

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 20 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	145
Number using ADAP each month:	100
Percent of clients on protease inhibitors:	75%
Percent of active clients below 200% FPL:	80%

Client Profile, FY 1996

Men:	100%
Women:	0%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	80%
African American:	20%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

AIDS Education and Training Centers: West Virginia

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mid-Atlantic AETC
- ▶ States Served: Delaware, District of Columbia, Maryland, Virginia, West Virginia
- ▶ Primary Grantee: Virginia Commonwealth University, Richmond, VA
- ▶ Subcontractors in State: West Virginia Univ., Department of Medicine - Morgantown

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$94,289	\$77,000	\$100,000	\$271,289

Training Highlights from FY 1997

- Mid-Atlantic AETC performance sites conducted courses on a variety of training topics. These include:
 - “HIV Prevention Counseling: The Facts,” conducted by the performance site located at Inova in Fairfax, Virginia, provided seven hours of training on prevention of perinatal transmission, adolescents and HIV, antiretroviral therapy, early intervention and management, epidemiology, ethical/legal issues, infection control, psychosocial issues, risk assessment and sexual history taking, and substance abuse.
 - The West Virginia performance site provided a training titled “New Modalities in HIV Therapy.” Topics covered included: clinical manifestations of HIV disease; combination therapy; early intervention and management; epidemiology; ethical/legal issues; immunology/virology; viral load testing; and workplace issues. Collaborating organizations included the local hospital nursing development department.
 - A course titled, “AIDS Awareness in Howard University” was conducted by the Washington, D.C. performance site. Topics covered during the course included: adolescents and HIV; early intervention and management; epidemiology; prevention and behavior change; racial and ethnic minority issues; HIV and women; and testing and counseling.

- The STD/HIV Conference, held in November 1997 by the Delaware performance site, provided information on a wide range of HIV-related topics.
- The Maryland performance site's "AIDS Service Medical Provider Seminar" provided information on barriers to education; cultural competency; clinical manifestations; antiretroviral therapies and viral load testing; and tuberculosis.

HIV/AIDS Dental Reimbursement Program: West Virginia

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	0	1	0	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$0	\$224	\$0	\$224

Accomplishments

Est. clients served, 1996:	5
Men:	80%
Women:	20%
<13 years old:	0%
13-19 years old:	40%
20+ years old:	60%